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DIVISION OF CONFORMIONS

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## **COVER LETTER**

SUBJECT:	PHOGAR INC.	uc	
SUBJECT:		ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	CTRAHAM	A. PHODEN	
		Name of Person	
	DHOGAR	No. LLC	
	121100111	Finn/Company	<u> </u>
		KENDALL DR.	APT. H CIIB
		Address	
	M. AMI FL	. 33156	
	10,170011, 12	City/State and Zip Code	<u> </u>
		INC & GMAIL. COM	η
		to be used for future annual report notif	
For further information c	oncerning this matter, please ca	all:	
GRAHAM	A. RHODEN	at ( <u>954</u> ) <u>873 - 0</u> Area Code Daytime	0691
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
☐ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RHOGIAR INC. LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
he Articles of Organization for this Limited Liability Company were filed on <u>July 03, 2017</u> and assigned lorida document number <u>L17000143521</u>
his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
P 2
5 <b>G</b>
Mailing address MAY BE A POST OFFICE BOX)
If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:  Finter Florida street address
, Florida
New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CARAHAM A RHODEN	7737 N. KENDALL DIZ.	
		APT # 0116	☐ Remove
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(If an effect Note: If	te date, if other than the date of filing:	.0207 ed as
The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er of
Dated _	Just 14th 2017  Signature of a member or authorized representative of a member	
	letter d	
	Signature of a member or authorized representative of a member	
	GRAHAM A. RHODEN	

Page 3 of 3

Filing Fee: \$25.00